

International Labor Local Union No. 44

P.O. Box 171

Collinsville, IL 62234

Phone: (618) 344-1470

Reporting Form for Employer's Reporting 4% Work Assessments

Employer's Name: _____ For Month Of: _____ Year: _____

Employee's Social Security Number	Name of Employee	Local NO.	Hours for Month	Gross Pay	Working Dues: Amount Withheld 4% of Gross Total

1. Make Check Payable to: Labor Local 44	Total this page			
2. Mail Check & Reporting Form(s) to: Labor Local # 44, P.O. Box 171, Collinsville, IL 62234	Total Attached Pages			
3. Check/Reporting Form(s) are due by the 15 th of the following month the work is performed.	Grand Total Paid			

Signature: _____

Date: _____